

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037078

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 2794

FILED OCT 1 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Fenton,Length of stay in lb
10 yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Rt. 1 Box 84-Bowles Ave.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY

ST LOUIS

c. CITY OR TOWN Fenton,

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
Rt. 1 Box 84 Bowles AveReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

WILLIAM

Middle

J.

Last

KAMLEITER

4. DATE OF DEATH

Month

Sept.

Day

26th,

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-23-1893

9. AGE (last birthday)

69

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Contractor

10b. KIND OF BUSINESS OR INDUSTRY

Self-employed

11. BIRTHPLACE (City and state or country)

Germany (N.C.)

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Unknown Kamleiter

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Elizabeth Kamleiter

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Address Fenton, Mo.

3 Elizabeth Kamleiter-Rt. 1 Box 84 Bowles Ave

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Apoplexy -

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebral hemorrhage secondary to

DUE TO (c)

Essential hypertension

INTERVAL BETWEEN ONSET AND DEATH

1 day.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Had 2 previous strokes in 1960 & 1961

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

[Signature]

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1950

to Sept. 26, 1962

last saw her/him alive on Sept. 25, 1962

Death occurred at

8:05 A.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

[Signature]

(Degree or title)

22b. ADDRESS

3606 Ravin

22c. DATE SIGNED

9-27-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Sept. 29, 1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Hope Mausoleum

23d. LOCATION (City, town, or county)

St. Louis County,

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser-4228 S. Kingshighway Blvd.

25. DATE RECD. BY LOCAL REG.

9-27-62

26. REGISTRAR'S SIGNATURE

[Signature]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed P.W. Storsand

Licensed Embalmer No. 4007

P. O. Address St Louis mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.